

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

63-028509

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Register's District No. 1002 Primary Registration District No. 3255 REGISTRAR'S NO. 3255 STATE FILE NUMBER

FILED JUL 22 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF
H. Owens
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Overland Park	
Length of stay in 1b 2 hours		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Trinty Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 7642 Hadley	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) NORVELLE ARTHUR MC KEAN		4. DATE OF DEATH July 3, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-10-1914
9. AGE (last birthday) 48		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10b. KIND OF BUSINESS OR INDUSTRY Power & Light	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME L. N. McKean		13b. MOTHER'S MAIDEN NAME Lena Overby	
14. NAME OF HUSBAND OR WIFE Clara E. McKean		Address Clara E. McKean Overland Park, Ks.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Clara E. McKean		Address Overland Park, Ks.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration of Thoracic Aorta		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours	
DUE TO (b) Hemothorax, bilateral			
DUE TO (c) Heomperitoneum			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple electric burns and cutaneous ecchymoses Multiple rib fractures		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Working on power line pole that fell.	
20c. TIME OF INJURY Hour: 2:15pm Month, Day, Year: 7-3-63	Subject fell with pole and 4,000 volts line came into contact with him.		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on street	20f. CITY, TOWN, OR LOCATION Prairie Village	COUNTY Johnson STATE Kansas
21. I attended the deceased from NOT AT ALL to AS CORONER and last saw her alive on AS CORONER Death occurred at 4:30pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.D. Coroner		22b. ADDRESS Union Station KC, Mo.	22c. DATE SIGNED 7-5-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-6-63	23c. NAME OF CEMETERY OR CREMATORY Urlich Cemetery	23d. LOCATION (City, town, or county) (State) Urlich, Missouri
24. FUNERAL DIRECTOR E. Paul Amos		25. DATE RECD. BY LOCAL REG. 7-5-63	26. REGISTRAR'S SIGNATURE Ruth Long
ADDRESS Shawnee, Kansas			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 22 1968

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Eugene P. Amos

Licensed Embalmer No. **Mo - 5023**

P. O. Address **Shawnee, Kansas**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.